

STRENGTHENING FAMILIES (SFP)

Target Population:

Universal; family intervention for families of Grade 6 students; Selective, for children ages 7 – 12, living in high-risk families; the program has been adapted to be implemented with various cultural groups such as: rural and urban African-Americans, Asian and Pacific Islander families, Hispanic families and rural Junior high families

Setting:

This program has been implemented in low-income neighborhood community centers, mental health centers, churches, public housing complexes, drug treatment agencies and hospitals.

Theoretic Basis:

- Biopsychosocial model;
- Family Risk and Protective models;
- based on research that has found that the family context factors explain more about the variance in the frequency of alcohol use than school context or individual factors;
- Values/Attitudes/Stressors/Coping Skills and Resources Model;
- Social Ecology Model of Adolescent Use;
- Resiliency Model.

Program Description:

This program is aimed at enhancing the protective factors and reducing the risk factors of families and their children aged 6-12. Timing in terms of developmental stages is critical for intervening in the developmental trajectory of youth. SFP is a family-strengthening program intended to prevent substance abuse by delaying the onset of adolescent alcohol and other drug use and other high risk behaviors. It is age-targeted to exploit the research finding that odds for dependence decrease by 14% for each year of delayed initiation.

Participant retention rates for established implementations have been reported at up to 100% but more typically at 80 – 85%. Childcare, transportation, meals, payments for testing time, small rewards, and family outings are called for to reduce barriers to participation and provide incentives.

Each two-hour session is typically preceded by a provided meal shared by families and group leaders. Parents and youth work in separate groups for one hour and then come together in two family groups to pursue the family curriculum in the second hour.

The *Parent's Curriculum* focuses on communication and parenting skills, as well as on the reduction of their own substance abuse if this is an issue. Parents are taught to convey clear expectations to their children about avoiding substance use and abuse, to understand developmental norms, to communicate more effectively, to use positive behavioral rewards and appropriate disciplinary practices, and to manage strong emotions. Observation, direct practice, immediate feedback and videotapes are used to illustrate and reinforce key concepts.

The ***Children's Curriculum*** consists of many of the same topics as the parents but also includes dealing with peer pressure, compliance with parental rules, dealing with criticism, increasing social competencies, managing emotions and increased knowledge on drugs and alcohol.

During the ***Family Curriculum*** participants concentrate on increasing family cohesiveness, and positive involvement of the child in the family, including weekly family meetings. Parents learn to spend time and interact with their children in a positive way through "Child's Game." Children learn responsiveness to parents' directions through the Parent's Game.

Contact Time:

Different lengths have been tried with different implementations of the original program. Program developer Karol L. Kumpfer describes a 14 week, once a week curriculum, 2 hours per session for high risk families; 2 extra weeks are needed for baseline and post program measurements. The Iowa implementation is a universal program in seven weekly two-hour sessions.

Leader Type and Training Provided:

Each component is lead by two group leaders, requiring 4 trainers per session; high quality effective trainers who can manage conduct disordered children to reduce the potential for negative contagion effects are strongly recommended.

Results:

- Intervention teens in the universal application showed lower rates of initiation on each of the alcohol ever-use measures at both the 1- and 2- year follow up assessments relative to the control groups;
- Generally for families who attended more than half of the sessions their reduction rates were higher than the intervention group as a whole. However at the 2 year follow up differences did not favor the higher attendance group;
- Other outcomes are the reduction of targeted risk factors of family conflict, disorganization and disengagement; improved youth behaviors and reduced expectations about using drugs;
- The use of alcohol and tobacco decreased for older children who were already using;
- Parents reduced their drug use and improved parenting efficacy;
- A 5 year study showed evidence of long-term positive impacts on the family and the child such as: an increase in clear directions, quality time spent together and enjoyed, reasonable consequences, scheduled regular play time, monthly family meetings, improved communication, and decreased family problems.

Author's Comments:

- High attendance may not be the only factor involved in the results as it is not clear what role family selection and motivation might have played in these results.
- A developmentally well-timed family intervention can change the trajectory of alcohol initiation.